

MONTANA LOCAL GOVERNMENT RETENTION SCHEDULE**REQUEST FOR CHANGE IN RECORDS SCHEDULE**

SCHEDULE # _____ AGENCY/ DEPT. NAME _____

Send to: Local Government Records Committee
 Montana State Archives- State Archivist
 225 N Roberts St
 PO Box 201201
 Helena MT 59620-1201

From: Name _____ County _____
 Address or PO Box _____
 City _____ MT Zip _____
 Phone 406- _____ E-mail address: _____

INSTRUCTIONS

Use this form to request a change in the Records Retention Schedule governing the records of your agency. Submit the signed original, and keep a copy for your file. The proposed change will be submitted to the Local Government Records Committee for its next Bi-annual meeting, regularly held on the 3rd Thursday in **April** ____ or **Oct.** ____, 20 _____. You will be notified of the committee action shortly thereafter.

1. **CHANGE REQUESTED** Put an **X** in front of the change you are requesting. Enter Page and Item #
- | | | | |
|--|--|--|---------------------------|
| <input type="checkbox"/> Add a new item-you must include a retention time | <input type="checkbox"/> Change a retention time | Page # _____ | Item # _____ |
| <input type="checkbox"/> Delete an existing item | Page # _____ Item # _____ | <input type="checkbox"/> Change an existing item | Page # _____ Item # _____ |

2. **RECORD SERIES TITLE**: If the series is called by multiple names, include all of them.

3. **DESCRIPTION OF RECORD SERIES**:
Function- why the series exists, process performed.

Content- Corresp. , reports, applications, financial, etc.

4. **CHANGE/DELETE AN EXISTING ITEM**: Describe what changes/deletions you are requesting and the reason.

5. **PROPOSED RETENTION TIME**: _____ New Item _____ Change Existing time
 Be specific-how long must the records be kept before disposition:

What criteria was used to determine the retention time?

Are there State or Federal regulations that apply to the retention time? ___ Yes ___ No If so, list them.

6. **COMMENTS**: add comments on page 2

ASSOCIATION RECORDS COMMITTEE APPROVAL: Have these proposed changes been reviewed and agreed on by your Association's Record Retention Schedule Committee? _____ Yes _____ No

Requested by:

Signature

Title

Date

Phone

Address

email address

LGRC Reviewed on: _____ Action: Approved _____ Other: _____

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This Request for Change In Records Retention Schedule # _____ was reviewed by the following members of the	
Add Entity Name: _____	
Association's Review Committee and agreed on by us on: _____	Date: _____
List Committee members names, titles, and locations below:	
Name and Title	from: City or County
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
Comments:	
Submitted by:	Name _____ County _____
	Title _____
	Address or PO Box _____
	City _____ MT Zip _____
Phone	406- _____ E-mail address: _____